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AUTHOR Warz, Sheila
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ABSTRACT

The author recommends the use of a multidisciplinary team approach to language facilitation with mentally handicapped children. The role of the team in developing communication skills in the child is discussed, and a model of communication with three principle components (linguistic aspects, paralinguistic aspects, and interaction management) is described. (SBH)

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LANGUAGE FACILITATION WITH THE MENTALLY HANDICAPPED; THE PREPARATION OF THE MULTIDISCIPLINARY TEAM

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Sheila Wirz, M.Ed., L.C.S.T.,
Speech Therapy Department
Queen Margaret College
Clerwood Terrace
Edinburgh U.K.

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Introduction

In recent years there has been an increasing interest in the facilitation of language skills among handicapped children. This has arisen from primarily two sources, firstly the increasing emphasis placed on language skills as a basis for education and secondly recent legislation in the U.K. which brings under education departments the educational provision of those children who had previously been so handicapped as to be deemed "ineducable". In British pedagogical practice the emphasis on spoken language skills was first officially emphasized in the Plowden Report (Plowden, 1967) and the same theme later extended in the Bullock Report (Bullock, 1975). In studies of special education too the emphasis on the need to develop spoken language skills as a way of facilitating cognitive development has been increasingly emphasized, Mittler (1974), Mittler, Jeffree, Wheldall & Berry (1974), D.E.S. (1975).

The Melville Report (Melville, 1973) has brought into the education system in Scotland, a group of children for whom the term 'education' has needed redefinition. These children are of low intellectual capacity and will acquire little or none of the traditional literacy and numeracy skills. There has however been a move away from concentrating on the development of self care skills of these children, and an increasing emphasis on developing their communication skills, both as a way of developing interactive skills and as an instrument in their cognitive development. In this paper, I have restricted my discussion to language facilitation with the mentally handicapped, particularly with the severely subnormal (S.S.N.).

The question of who should implement language facilitation programmes with these children gives rise to various suggestions. One suggestion might be that speech therapists be appointed to all institutions for the S.S.N., or that parents should take the major responsibility, or that teachers should be responsible for this work.

Is it practical that speech therapists should be responsible for all the language facilitation work with mentally handicapped children? I would suggest that although the speech therapist may be initially involved with the selection of an appropriate language facilitation programme it would be inefficient use of resources to assume that only she should be involved in the implementation of such a programme. It is the use of a multi disciplinary team approach to language facilitation with the mentally handicapped which I wish to discuss in this paper. There are two principle emphases to the paper. First a discussion of how a multi disciplinary team should be prepared to participate in this work, and secondly the selection of appropriate procedures.

The Multi disciplinary team

I suggest that the "team" involved with the development of communication skills of a mentally handicapped child is in fact every adult who is in contact with that child. Rather than follow traditional professional boundaries in the description of this team, it seems more useful to draw a distinction between those adults who are in frequent contact with the child and those who are in daily contact with the child.

Those in daily contact with the child will be concerned with the actual implementation and daily review of the child's language progress. They will be the implementors of the language programme. Those adults who see the child less frequently provide an important monitoring function observing changes in the child's communication skills over periods of time.

The implementors will include parents, residential or nursing staff, teachers or nursery teachers, classroom aides and domestic/servicing staff who are in daily contact with the child.

Rarely in my experience is the speech therapist in daily contact and I think she must head the 'monitoring' group of adults. Other members of this 'monitoring' group will include family, school doctor, social worker,

psychologist, health visitor and possibly other therapists/medical/dental personnel.

Van Haltum (1976) in a recent article made a plea for regular pre-school screening of communication skills. In the U.K. through the health visitors' screening of children at 6 months - 1 year - 3 years, is a stationary occurrence and most handicapped children are recognized before school age. Whether they are receiving appropriate language help or not, depends very much on the availability of speech therapy resources in their locality.

The Quirk Report (1972) provides the most recent official figures of the need for language therapy with handicapped children, and the distribution of speech therapy resources. They suggest that 20% of mentally handicapped children (estimated as 12,000 children) and 50% of severely subnormal children (estimated as 17,500 children) require speech therapy in the U.K. At that time, the suggested establishment of speech therapists was 1 speech therapist for 10,000 school children. In some areas the establishment was met or nearly met ; in others there were serious shortages. e.g.

	No. in Establishment	No. Actually Employed
Southern Region	116	91.8
East & West Riding	77	28.3
North West Region	119	55.7

Even with increases in numbers of speech therapists since the Quirk report there are insufficient numbers for them to take responsibility for the implementation of all language facilitation work with handicapped children. A true multi disciplinary approach involving both those who are professionally involved with the child and those who are emotionally involved with the child's well-being may maximize on the language development which is possible at the pre-school stage of these children's development.

One of the great problems facing a multi disciplinary approach to the task of language facilitation is that all these adults have a different

understanding of "communication", and thus a different view of which skills they are trying to develop.

Traditionally teachers and nursery teachers have in their professional training considerable discussion of the role of language in developing literacy and numeracy skills but less on the role of communication and the development of communication skills. Recent work by Barnes (1971), Martin et al (1976), Rosen & Rosen (1973) and a review by Delamont (1976) has begun to redress this balance. The sociolinguistic work of the last ten years by Bernstein (1971), Labov (1969) and others has begun to change the emphasis from language skills to communication skills in pedagogical literature and practice.

Just as some teachers may have focused too narrowly on language as a means to literacy, psychologists may too readily focus on the cognitive aspects of language, social workers on the interactive aspects, domestic staff on the intelligibility and possibly speech therapists on the developing syntactic and articulatory skills!

Unless the whole team agrees on a definition of communication the task of facilitating communication skills will be seriously hindered.

During the past seven years I have been involved in the preparation of teachers in this area of speech pathology and mental handicap, and to a lesser extent with speech therapists, psychologists and nurses working with the mentally handicapped. The Speech Unit staff of Moray House College of Education, in conjunction with the Special Education Department, have developed various courses ranging from a 60-hour component to the one year course preparing teachers to work in special education, to 10-hour in-service courses for various groups of professionals working in this field. In these courses, we have been working with professionals who are pursuing post experience courses and have found that the selection and implementation of compensatory language programmes cause few difficulties to these staff.

What does cause considerable difficulty is a definition of the children's problem and an understanding of which communication skills should be helped.

The more recent structure of these courses has been to develop an understanding of communication, train observation skills and only then to discuss language facilitation techniques. This rationale is frequently challenged by teachers or nurses who attend courses! They want to be told what to do, not to develop theoretical skills! To be told how to instigate language programmes with their children and they are not initially aware of the need to develop their own observation skills regarding the communication skills of their children. An evaluation of such courses is of course difficult but if the confidence and enthusiasm with which course participants instigate and sustain language programmes is a measure of success then I would suggest that those courses where the emphasis has been on developing an understanding of communication and developing observation skills before working on language training procedures have been more successful than those courses where programme planning has been the major emphasis.

Model of Communication

The model of communication used is similar to that suggested by Laver and Hutcheson (1972). This model suggests that there are three principle components to communication: linguistic aspects, paralinguistic aspects and interaction management. Linguistic aspects of communication include the reception and expression of language structure, the understanding and use of vocabulary and the phonological development of the child. Paralinguistic aspects of communication include vocal aspects such as voice quality and prosody and non-vocal aspects such as eye contact and gesture. And, finally, interaction management refers to the ability of the child to interact with peers or with familiars or with adults in dyadic, small group or large group situations.

Using this model of communication it is possible to take a holistic

view of children's communication skills rather than the more traditional emphasis on language skills (which in this model form only one-third of the communication process). Figure 1 illustrates this model.

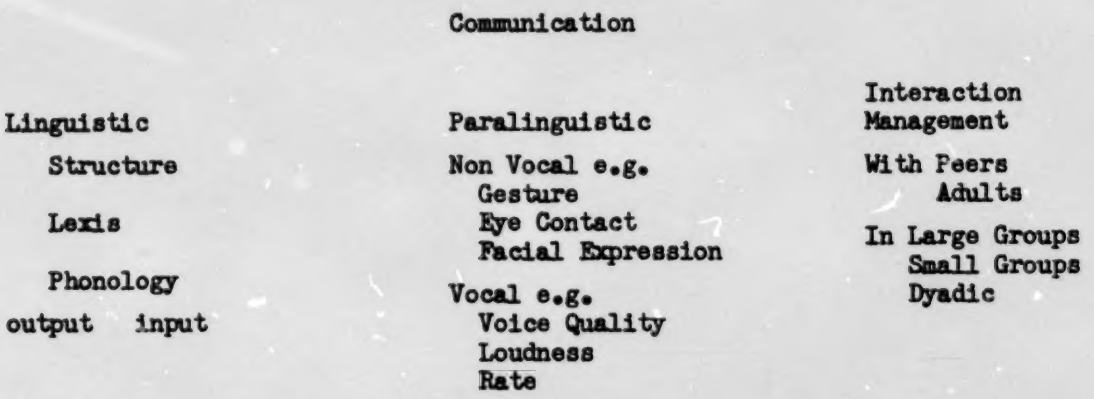

Figure 1 Suggested Model of Communication

Observation of Communication Skills

How can one observe communication behaviour effectively? Of course it would be ideal to enlist a speech therapist to do a full communication assessment on each mentally handicapped child, but is this ever possible? Is it advisable as the most rational use of resources? Using the model of communication described above a communication checklist has been developed and modified by the various people who have now used it (Wirz, 1977). It is of course a crude tool but the effectiveness of this as a way of focusing the teacher's/nurse's attention on their clients' communication behaviour is reported to be useful.

In a study conducted by the author (Wirz & Miller, 1976) involving 13 severely subnormal children with chronological ages of 12 years - 15 years and mental ages of 2 years to 5.10 years, there was a close relationship between the observations noted on these checklists and the scores of Reynell Language Development Scales. The advantages of using checklists

are that the observations can be on-going during a day and do not involve costly (in terms of professional time) or disruptive testing sessions. The disadvantages are of course that the observers might not be rigorous in their observations. One early study in 1973 involving 14 teachers had to be discounted because the observations made by the teachers varied too greatly. Inter-reliability within a school is obviously important and to achieve this it is necessary to have some children observed by more than one teacher and their observations compared. Any discrepancies on observation procedures can then be discussed and hopefully removed.

Communication Breakdown

The assessment of communication breakdown is rightly the province of the speech therapist and it is she who has the skills and techniques to do full assessments. It has never been my aim to teach "speech therapy" to non-speech pathologists; indeed, I feel that such a line would at best be misleading and at worst disadvantageous for the child. However I do think it is important that all adults in contact with these children have an understanding of the normal process of acquiring communication skills (not just language skills), and can recognize those communication patterns which are slow to mature, but following normal maturational processes, from bizarre development. If this were the case those whose development gave cause for concern would be referred to speech therapy clinics early. I refer to my co-panelist, Dr. Toumi's (1978) paper, for a full elaboration of this point.

What can be done to help?

The next question to be addressed is how can communication skills be improved. It is most important that all personnel in contact with the child (and not just the speech therapist and psychologist) should be familiar with the range of language facilitation techniques. From the

structured behaviour modification approaches of Bereiter & Engelman (1966), Sloane & McAulay (1968) or Kent L. (1974), to the cognitive approaches of Furth (19) or Cooper et al (1974), to the sociodramatic play approach of Smilansky (1968); Lloyd (1976) and Cooper & Moodley (1978) provide useful reviews of the literature relating to the range of language facilitation techniques used with the mentally handicapped. The one feature of intervention strategy which seems to be paramount is that whatever approach is used, it is important that the stimulation the child receives should be organized.

If a child has an intact hearing mechanism and has spent his early years in a speaking environment then he has been exposed to verbal and non-verbal communication throughout his waking hours. If despite this exposure he fails to develop communication skills we can assume that simply exposure to communication is insufficient stimulus to develop these skills. Gillian Fenn (1976) draws an illustrative analogy from maths. "... if a child gets all his sums wrong should he be given more and more sums until he gets them right? If he ever does succeed in such a situation then presumably it is in spite of the treatment rather than as a result of it."

Similarly with children who fail to acquire language skills the approach towards developing these skills needs to be changed from one of general stimulation and exposure, to one of organization and structure.

If all the adults involved with the child understand the underlying rationale of a language facilitation programme and why this particular approach has been selected then it is tempting to assume that its implementation will be more effective. It would be an interesting line of enquiry to test this assumption.

Little has been said about the preparation of parents for their part in the remedial process. It is obviously important that they are prepared

and that their enormous emotional commitment and time commitment are effectively utilized.

The most effective way to ensure this would seem to be by regular parent workshop sessions. Work conducted at the Hester Adrian Unit and elsewhere has demonstrated the efficacy of parent workshops in developing the language skills of handicapped children. Cunningham, C.C. and Jeffree, D.M. (1975), Jeffree, D.M. and Cashdan, A. (1971). Johnson, C.A. and Katz, R.C. (1973). Cooper et al (1974) also demonstrate the way in which parents, under the guidance of a speech therapist, can undertake the language programme for their children.

Cooper et al (1974) compared the language gains of three groups of language delayed pre-school children including but not exclusively mentally handicapped children. One group attended a two-hour language class daily, one group had weekly speech therapy and the third group were seen only every six weeks for review and for instruction of the parents. Cooper states "the parents need to be helped by discussion and demonstration, that input precedes output ... and the need for the spoken word to have immediate concrete referents".

The children who attended the daily language class made greatest gains in both verbal comprehension and verbal expression but surprisingly the group who were taught by their parents and seen by the speech therapist only once in six weeks made slightly greater gains than those who were having weekly speech therapy at other centres. It has to be remembered that the group receiving therapy at other centres is small and comparisons should be guarded. Nevertheless Cooper has demonstrated that with careful preparation of the parents they can facilitate considerable language gains in their children.

Shearer & Shearer (1972) also found that if parents were given regular

advice and demonstration they could take responsibility for the administration of language facilitation programmes with their children.

Why Bother?

The final question to be addressed is the question of whether it is worth trying to improve the communication skills of mentally handicapped children.

As I suggested earlier, in the past twenty five years there has been an enormous emphasis placed upon language as a pedagogical medium. The early work of Basil Bernstein (1959, 1960), Dennis Lawton (1963), M.M. Lewis (1947) in the UK coincided with the translation into English of the work of Luria (1961) Luria and Yudovich (1971) and Vygotsky (1962) and led to a reappraisal of the role of language in the educational process.

Russian psychologists suggested that language was necessary for cognitive development, they described the directive and regulative functions of early language and elaborated the role which language played in the development of 'higher mental functions' as the child matured.

A contrasting view to the relationship of language and cognitive development described by Russian psychology is provided by Piaget. The Piagetian view is that a child must experience before he can acquire, he argues that in the early 'concrete operations' stage a child learns the permanence of objects, learns to generalize, and through this experience acquires the language related to his experience. It is not until a later stage when the child moves from the 'concrete operation' stage to the 'formal operations' stage, that a child will meaningfully use the language of concrete operations. Language concerned with 'more', 'less', 'same as', 'different shape but same quality', etc. A classic example of this is the Piagetian study of conservation of quantity. Piaget suggests that it is not merely the child's linguistic ability which helps the development of the

conservation concept but also the child's experience of materials.

Gurney (1976) suggests that "educational failure is primarily linguistic failure". This may be considered an overstatement by some special educators but nevertheless there are a few who would challenge the view that developing language skills facilitates children's intellectual development. This I suggest is the first reason why we should bother to improve the language skills of handicapped children.

Secondly, handicapped children live in social settings at home, at school, in hospital or residential care where maximal communication skills ensure that the child's physical, social and emotional needs are met. As a member of these various social groups it is important that the child be able to interact with other members of the group in order that he take his place in society. This I suggest is the overriding reason why educational and therapeutic measures should be taken to help a child, however handicapped, to develop his maximum communicative potential.

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